

 **Risen Christ KidZone**

1000 Moseley Road

 Fairport, New York 14450

(585) 223-5757

**KIDZONE 2018 SCHEDULE**

Week 1 July 9-13: Spy Camp

Week 2 July 16-20: Space Camp

Week 3 August 6-10: Music & Art Camp

Week 4 August 13-17: International Camp

Child’s Name Gender M / F Age

Address Birthdate

City State Zip Home Church

Parents

E-mail Address

**Register by April 15, save $10/week**

Register by May 15, save $5/week

Please make checks payable to

Risen Christ KidZone

Work phone

Cell phone

Home Phone

Child’s Physician Physician’s Phone

Allergies or other medical conditions

Emergency Contact (other than parent/guardian)

Name Phone

Name Phone

Persons authorized to pick up must produce photo ID. Only those listed may pick up your child.

Name: Phone:

Name: Phone:

Please select the weeks and hours you are interested in for your child in the section below.

9a-2p w/ Enrichment 9 am – 1 pm

Week 1 July 9-13 Spy Camp \_\_\_\_\_ \_\_\_\_\_

Week 2 July 16-20 Space Camp \_\_\_\_\_ \_\_\_\_\_

Week 3 August 6-10 Music & Art Camp \_\_\_\_\_ \_\_\_\_\_

Week 4 August 13-17 International Camp \_\_\_\_\_ \_\_\_\_\_

KidZone is best suited for children from age 4, who have completed one year of preschool, to age 11.

The program fee is $130/week for 4-hour program or $155/week for the 5-hour program.

A $50 non-refundable deposit is due upon registration. Deposit will be applied to first week of camp.

All other payments are due the first day of camp.

Form continues on reverse

**Medical Agreement**

I, the undersigned, hereby enroll my child in the Risen Christ KidZone Program. It is understood that Risen Christ KidZone will assume responsibility for my child's well being during the hours of care and will make every effort to contact me should any type of emergency arise. In the event I cannot be reached, I authorize Risen Christ KidZone staff to act on my behalf, according to their best judgment, in an emergency requiring medical or surgical care. I further understand that I am responsible for the cost of all medical care. I have provided the staff with all pertinent information which may assist Risen Christ KidZone in caring for my child including, but not limited to: allergies, previous or existing illness or conditions, sunburn sensitivity, diet requirements, long-term medications, disability or limiting conditions, emotional, developmental or behavioral difficulties. Please notify the KidZone Administrator of any changes that may occur.

**Photos**

Photos of my child may be used by Risen Christ Lutheran Church for a slideshow shown in church and on the church’s website.

**Behavior**

**T**he goal for our program is to teach children about Jesus in a fun atmosphere. So that every child has that opportunity, we will endeavor to assist children in making positive choices. Inappropriate behavior is considered a “teaching moment” and parents will be included in behavioral issues including early pick up if necessary.

My signature acknowledges my understanding of and agreement to all the above.

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_